

## REPORT OF THE COMMITTEE OF THE NEW YORK NEUROLOGICAL SOCIETY UPON THE GALLUP LUNACY BILL.<sup>1</sup>

*Mr. President :*

The Committee, appointed at the last meeting of the Neurological Society to examine the proposed new lunacy law, known as the Gallup Bill, beg leave to report as follows :

The measure has a large number of very excellent features, which, if they should become law, would prove of the highest advantage to the unfortunates whom they are intended to benefit. These are the sections relating to

1. The removal of the insane to asylums by attendants of the same sex.

2. The admission and discharge of voluntary patients.

3. The admission of emergency cases without papers of any kind for three days.

4. The forbidding of the confinement of insane persons in jails in the same room with criminals, and any detention beyond ten days.

5. The provision of home visits of indefinite duration at the discretion of the medical officers of the asylums.

6. The boarding-out of suitable chronic lunatics in private families, at county expense, according to the systems in vogue in Scotland and Massachusetts.

Aside from the invaluable particulars just described, there are several sections relating to commitment to which there would seem to be serious objections.

In order to more fully comprehend the changes that it is proposed to make in the present law regarding this pro-

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<sup>1</sup> Presented at the Meeting of February 4, 1890.

cedure, the law now in force, dating from 1874 (chap. 446), is here given, together with the most important sections of the Gallup Bill relating to the same matter :

*Laws of 1874.*

"TITLE I, § 1. No person shall be committed to or confined as a patient in any asylum, public or private, or in any institution, home or retreat for the care and treatment of the insane, except upon the certificate of two physicians, under oath, setting forth the insanity of such person. But no person shall be held in confinement in any such asylum for more than five days, unless within that time such certificate be approved by a judge or justice of a court of record of the county or district in which the alleged lunatic resides, and said judge or justice may institute inquiry and take proofs as to any alleged lunacy before approving or disapproving of such certificate, and said judge or justice may, in his discretion, call a jury in each case to determine the question of lunacy.

"§ 2. It shall not be lawful for any physician to certify to the insanity of any person for the purpose of securing his commitment to an asylum, unless said physician be of reputable character, a graduate of some incorporated medical college, a permanent resident of the State, and shall have been in the actual practice of his profession for at least three years, and such qualifications shall be certified to by a judge of any court of record. No certificate of insanity shall be made except after a personal examination of the party alleged to be insane, and according to forms prescribed by the State Commissioner in Lunacy, and every such certificate shall bear date of not more than ten days prior to such commitment.

"§ 3. It shall not be lawful for any physician to certify to the insanity of any person for the purpose of committing him to any asylum of which the said physician is either the superintendent, proprietor, an officer, or a regular professional attendant therein."

*The Gallup Bill.*

"§ 3. Whenever a justice of the peace or a superintendent of the poor or a judge of a court of record shall receive information that a certain person, deemed insane, should be placed in custody, for either of the causes stated in section first of this act (Form B), the said justice or superintendent or judge shall, by an order in writing (Form C), direct two

examiners in lunacy to examine the alleged insane person and report to him within one day, exclusive of Sunday, after their respective examinations (Form D) the results of such examination, with their recommendation as to the special action necessary to be taken in the case; if a justice of the peace, or a superintendent of the poor, issues the order for an examination, he must personally visit the alleged insane person; if the physicians certify that the person so examined is not insane, the justice or superintendent shall dismiss the case, but if they certify that he is insane, and a proper subject for commitment, as provided in section one of this act, said justice or superintendent shall certify, under his hand, to the correctness of the proceedings and to his personal visit (Form E), and shall cause said certificates to be delivered to a judge of a court of record within two days, exclusive of Sunday, of the date of the last certificate made, which last certificate must not bear date of more than two days of the first certificate.

"§ 4. On receiving said certificates from a justice of the peace or superintendent of the poor, or on receiving the certificates of two examiners in lunacy, appointed by himself, certifying to the insanity of any person, and recommending that he be placed in custody for cause, then and in either case the said judge may or may not visit the alleged insane person, or require that he be brought into court, but he shall state in the order of commitment whether or not he saw him, and if he did not see him he shall give the reason therefor; the judge may or may not take further testimony, and he may call a jury, but in either case, if satisfied that the person is insane, and that the reason given for his commitment in the certificates are just and right, he shall make an order (Form F), committing said person to the custody of the superintendent of the proper State asylum for the insane, or the keeper or superintendent of a private asylum or licensed house for the insane; said order shall be issued within five days after the date of the last medical certificate; a copy of said medical certificates and answers, obtained in accordance with Form D, shall be transmitted with the order of commitment to the superintendent of the respective asylum, and the originals thereof shall be filed in the office of the clerk of the county, and shall be inaccessible except on the written order of a judge of a court of record; nothing in this section shall be construed to prevent the commitment of an insane person, in accordance with the provisions of this act, to the asylum of any county authorized by law to have the care of the acute and chronic insane,

provided the said insane person is a legal resident of said county.

"§ 5. It shall be the duty of the judge, before he makes the order of commitment, to cause the alleged insane person to be fully informed of the action about to be taken concerning him; and if said insane person, or his friends or relatives, demand that other testimony be taken, or that a jury be called, the judge shall act at his discretion, but if he deny the motion, he shall state the reasons therefor in the commitment."

To present a clearer view of all of the practical differences in the two methods of commitment, they are condensed and paralleled for comparison, as follows :

#### PRESENT LAW.

The family physician calls in another physician. Together they make out two medical certificates and swear to them before a notary.

(This is all sufficient for admission to the asylum for five days.)

A judge of a court of record must write his name and the word approved on the back of the certificates to make them valid beyond the five days.

The papers must not be over ten days old when the patient is admitted.

#### THE PROPOSED LAW.

The family physician makes out a formal paper notifying a judge, justice of the peace or superintendent of the poor that a patient of his is insane and a proper subject for an asylum.

The official thus notified fills out two blank forms directing two physicians to examine the patient.

The physicians make out two medical certificates, which are returned to said official.

If the officer notified be a justice of the peace or superintendent of the poor, he must himself also visit the patient and satisfy himself as to his insanity, after receiving the certificates of the physicians. He then makes out himself a corroborating certificate, and presents the three certificates to a judge of a court of record.

The judge then sends notice to the patient of the proceedings, makes out an order committing him to the asylum, and finally issues a warrant to the asylum superintendent to send for the patient, or to a county official to remove him thither.

The judge must also cause copies of the medical papers to be filed in the office of the county clerk; and he must furthermore take proof as to the estate of the patient, filing another certificate as to these facts with the county clerk.

The process is only completed after a formal paper has been made out by the asylum superintendent to the judge committing the patient, notifying him of the admission of the case. The judge must cause this paper also to be filed with the other papers in the office of the county clerk.

At present two papers only are necessary for the commitment of a patient to a hospital for the insane. According to the law proposed thirteen papers will be required ; and simplified as much as possible by avoiding the lower officers and applying directly to the judge of a court of record, twelve papers, according to forms prescribed in the bill must be made out before the legal process is accomplished.

The objections to this form of procedure are :

1) It is unnecessarily complicated. It may be carried out in country districts with a fair degree of patience and labor ; but the difficulties of perfecting the process in the larger cities, and particularly in New York and Brooklyn, will be almost insurmountable. We are credibly informed, in fact, that some of our city judges who have seen the bill have expressed their unwillingness to have anything to do with a method involving so much of their valuable time, and will probably refuse to commit patients at all.

2) The position of Examiner in Lunacy will be degraded to a reward for political labors, since the appointment of the two physicians in each case is left to the discretion of the county officials or judge, and not as now to the wishes of the family concerned.

3) A majority of the patients will suffer harm from the visitation of two strange physicians, the visitation of the county official or judge, and the visitation of an officer of the court with a notification of the legal proceedings about to be instituted.

In contradistinction to these facts we have abundant testimony to the effect that simple in comparison as is the existing law of commitment, no person has ever been, through intentional wrong-doing, placed in an asylum as insane in this State, the present method affording ample protection.

But it is possible to make certain improvements in the law now in force, not only in the manner of commitment, but also in the means of regaining subsequent liberty ; and

the suggestions your committee would submit are as follows:

1) There should be no material change in the present mode of commitment by two medical certificates, sworn to, and approved by a judge of a court of record, as provided in the Laws of 1874.

2) Emergency cases should be received for three days without papers of any kind, as specified in the proposed new law.

3) The medical certificates should be more carefully and thoroughly made out, not only in justice to the patient, but also for the benefit of the asylum physicians, who now rarely receive many facts bearing upon the medical history of their patients or upon their mental condition. To this end the form prescribed in the Gallup Bill should be adopted. A few additional questions should be incorporated in the medical certificate for the purpose of determining whether the physicians have informed the patient of their intention of placing him in a hospital for the insane for treatment, in order to guard against the serious harm so often done to patients by removing them to an institution through deception. The State Commission in Lunacy seems to be invested with the power to prescribe the form in which the medical certificate should be made out, and a law regulating this would not appear to be necessary.

4) There should be a section in the law permitting any higher justice, upon application from any patient in an asylum, to appoint at his discretion a commission of two or three physicians to quietly examine said patient as to his mental condition, and upon receiving their report favorable thereto, to discharge him from the custody of the asylum. By the Laws of 1889, chap. 283, § 22, the State Commission in Lunacy is empowered to make such regulations as to the correspondence of patients as would ensure the proper carrying out of this law.

5) A clause should be introduced into the bill providing that nothing in the lunacy laws of the State shall be con-

strued to interfere with the reception and treatment of acute cases of insanity in chartered general hospitals, in the same manner and under the same conditions as patients suffering from other diseases are there received and treated, provided such hospitals have suitable accommodations approved by the State Commission in Lunacy.

(Signed)                      FREDERICK PETERSON,  
*Chairman.*

C. L. DANA, M.D.,  
RALPH L. PARSONS, M.D.,  
GEO. W. JACOBY, M.D.,  
*Ex-officio.*

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### Periscope.

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By E. P. HURD, M. D., LOUISE FISKE-BRYSON, M. D., W. W. SKINNER, M. D., GRACE PECKHAM, M. D., AND ISAAC OTT, M. D.

#### DELIRIUM TREMENS.

At a recent meeting of the Imperial and Royal Society, of Vienna, (Jan. 10th, 1890), the subject of delirium tremens was discussed.

PROFESSOR MEYNERT regarded this morbid entity as the result of a slow and chronic poisoning of the organism by alcohol. The attack is always preceded by great excesses in the use of spirits or absinthe; it may also be provoked by sudden suppression. It seldom comes on spontaneously, being generally the accompaniment of an intercurrent affliction: an hæmoptysis, a pneumonia, a pleurisy, an epileptic fit, a traumatism; simple mental emotion may serve as an exciting cause. In this respect it resembles the onset of hydrophobia.

Delirium tremens presents a march of extreme regularity. Two distinct periods in its evolution are recognized. In the first, or period of anguish, the patient is a prey to an intense delirium of persecution; unlike other deliriums of the same nature, the danger which threatens the individual suffering from delirium tremens is immediate. The